

ORAL HEALTH AND OLDER AMERICANS

Mr. BREAUX. Mr. President, the oral health of older Americans is in a state of decay. Millions of vulnerable seniors are unable to access the oral health care they need, suffer needlessly, and ultimately require costly and invasive treatments that unnecessarily burden our troubled health care system.

Good oral health care should begin at birth as part of overall health care. This important component of health care should not—and cannot—end at retirement. Proper dental care must be a lifetime commitment. Unfortunately, for far too many older Americans, oral health care is a luxury. Too many of our “greatest generation” suffer from chronic oral pain and disease, severely limiting regular activities of daily living and impeding their independence. Neglect of oral health may result in the deterioration of overall physical health. Lack of access to care for even routine dental cleanings and exams can exacerbate serious and complicated overall health problems that increase with age.

Limited access to oral health care poses one of the greatest crises for the health and well being of America’s elderly. Not one older American receives routine dental care under Medicare. Medigap, used by some older Americans as a supplemental insurance to Medicare, is an expensive cavity when it comes to dental coverage. Less than 20 percent of Americans 75 and older have any form of private dental insurance. Under Medicaid, adult dental care is optional and close to 30 States are failing to meet even the most minimal standards of care. Millions suffer, often in silence.

Older adults suffer from the cumulative toll of oral diseases over their lifetime. This results in extensive oral and periodontal disease. Surveys have shown that nursing home residents with teeth suffer particularly from untreated tooth decay, while those without teeth also have a variety of oral health problems. Medications often adversely affect oral health as well. Evidence suggests that periodontal disease can complicate or is linked to diabetes, heart disease, stroke and pneumonia.

Some older Americans—especially those with special needs, the frail, and those classified by the Social Security Administration to be aged, blind and disabled—are often plagued with challenging oral health needs. Being disabled, medically compromised, homebound, or institutionalized increases the likelihood of serious dental problems and limited access to dental care. Dental care for the 1.65 million people in long-term care facilities is problematic at best.

I would like to tell you about Marcia Ball, who lives in a nursing home in Lafayette, LA. She is 64. One morning last July, she awoke to find her cheek swollen up like a balloon. An untreated abscess had run rampant, sending her to the hospital with a raging fever and

labored breathing. After a surgical team drained the infection, her heart and lungs suddenly stopped working. She pulled through, but four days later developed pneumonia. A member of the medical team says that the bacteria from untreated tooth decay entered her lungs every time she inhaled. She returned to her nursing home after two weeks at the hospital. Medicaid paid for three rounds of antibiotics, two trips to the emergency room, two days in intensive care, and the remainder of her hospital stay. But Medicaid in Louisiana, like many other States, won’t pay for extractions. So she still has badly decayed teeth, but she doesn’t have the \$60 needed to cover an extraction or insurance for routine dental care.

Marcia Ball’s story is not unusual, according to Dr. Greg Folse, a geriatric dentist in Lafayette. Most of Dr. Folse’s patients are keeping their teeth as they age, but he says that over 85 percent have moderate to severe gum disease and 60 percent have tooth decay. Medicaid dental services in Louisiana, where Dr. Folse takes his practice to patients in his van, are limited to dentures, which are not much use for people who still have their teeth.

A national report card released in September by the advocacy group Oral Health America before a forum of the U.S. Senate Special Committee on Aging examined seniors’ access to key dental services and gave failing or near failing grades to each State and gave the Nation an overall “D” grade. When it comes to caring for vulnerable populations, the report said, the country is flat out failing.

This lack of access to oral health care is compounded by a shortage of skilled geriatric dental care professionals, part of a larger national shortage of geriatricians described to the U.S. Senate Special Committee on Aging by the Alliance for Aging Research in their report, *Medical Never Never Land*. Just finding a dentist can pose a considerable challenge for older Americans and those with a disability. The good work of community health centers is limited to providing preventive and basic dental care to only about one-in-twelve patients who are fortunate enough to have access to such a facility. In many States that provide a dental benefit, reimbursement rates are too low to attract a sufficient number of dentists willing to treat Medicaid patients.

With scientific advances and the graying of millions of baby boomers, this year the number of elderly on the planet passed the number of children for the first time. Although we have made great strides in promoting independence, productivity and quality of life, old age still brings inadequate health care, isolation, impoverishment, abuse and neglect for far too many Americans.

Oral diseases can impact an otherwise independent, productive life, triggering a downward spiral that can re-

sult in malnutrition, serious illness and even death.

In 2000, the Surgeon General’s office called oral disease in this country a “silent epidemic,” but oral health continues to be an afterthought to other health care issues, and off the radar screen for most national leaders. Congress has never addressed the lack of oral health coverage for older Americans, failing to place these issues into the national consciousness and addressed the issues at a national level.

We need new infrastructure and funding—focusing resources, creating accountability and changing how we think about oral health in our country, particularly as it affects vulnerable populations. We must lay the foundation to address, in a meaningful and lasting way, a devastating and growing problem that has been invisible for far too long. We can no longer neglect these difficult issues afflicting frail and elderly victims.

This effort needs to take numerous steps to improve access to oral health care:

We need to ensure the provision of oral health screening, diagnostic, and treatment services, particularly for vulnerable individuals, and nursing home and long-term care residents.

We must eliminate the barriers requiring determination of medical necessity. We must ensure that States comply with applied income laws.

We need to ensure greater communication among States and nursing home and long-term care facilities about the need for and availability of oral health services.

More and more of us will enjoy longer, healthier lives with our teeth intact, but with this gift comes the responsibility to prevent the needless suffering too often borne by our frailest citizens.

I appreciate the work of my fellow members and a wide array of excellent groups such as Oral Health America, Special Care Dentistry, and the Alliance for Aging Research, and individuals like Dr. Greg Folse on behalf of oral health and older Americans and look forward to continued support from both sides of the aisle and in both Houses to make oral health a reality for all Americans.

ADDITIONAL STATEMENTS

IN RECOGNITION OF NANCY NADEL

• Mr. CARPER. Mr. President, I rise today to recognize Nancy Nadel, recipient of the Delaware School Nurse of the Year award. Nancy has dedicated her life to her family and to the thousands of school children whose lives she has touched.

Nancy was born in Wilmington on September 16, 1952. She graduated from John Dickinson High School in 1970 and received her bachelor’s degree in school nursing in 1974 from the University of Delaware. During college,